
County: Richland
PINE VALLEY HEALTH CARE/REHAB
25951 CIRCLE VIEW DRIVE
RICHLAND CENTER 53581 Phone: (608) 647-2138
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 111
Total Licensed Bed Capacity (12/31/00): 123
Number of Residents on 12/31/00: 103 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 103

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	<u>%</u>	Age Groups	% 	Less Than 1 Year 1 - 4 Years	37. 9 36. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	$\frac{1.0}{27.0}$	Under 65	1.9	More Than 4 Years	25. 2
Day Servi ces Respi te Care	Yes Yes	Mental Illness (Org./Psy) Mental Illness (Other)	27. 2 1. 9	65 - 74 75 - 84	7. 8 44. 7		100. 0
Adult Day Care Adult Day Health Care	Yes Yes	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & 0ver	38. 8 6. 8	**************************************	:********* : t
Congregate Meals	No	Cancer	3. 9	00 & 0001		Nursing Staff per 100 Re	si dents
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	2. 9 9. 7	65 & 0ver	100. 0 98. 1	(12/31/00)	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	10. 7 2. 9	Sex	%	RNs LPNs	13. 3 9. 3
Other Services	No	Respi ratory	4. 9		70	Nursing Assistants	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	35. 0	Male Female	30. 1 69. 9	Aides & Orderlies	50 . 0
Provi de Day Programming for			100. 0	remare			
Developmentally Disabled	No		*****	· · · · · · · · · · · · · · · · · · ·	100.0		****

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other F			Private Pay			Managed Care			Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0, 00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	11	100. 0	\$178.51	67	95. 7	\$102. 29	Ŏ	0. 0	\$0.00	19		\$128.00	Ŏ	0. 0	\$0.00	97	94. 2%
Intermediate				3	4.3	\$83. 62	0	0. 0	\$0.00	3	13. 6	\$110.00	0	0.0	\$0.00	6	5. 8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	11	100.0		70	100. 0		0	0.0		22	100.0		0	0.0		103	100.0%

Deaths During Reporting Period	12/31/00
% Needing	Total
Percent Admissions from: Activities of % Assistance of % Totally	Number of
Private Home/No Home Health 6.1 Daily Living (ADL) Independent One Or Two Staff Dependent	Resi dents
Private Home/With Home Health 4.9 Bathing 0.0 61.2 38.8	103
Other Nursing Homes 0.0 Dressing 3.9 69.9 26.2	103
Acute Care Hospitals 87.2 Transferring 21.4 53.4 25.2	103
Psych. Hosp MR/DD Facilities 0.0 Toilet Use 13.6 59.2 27.2	103
Rehabilitation Hospitals 0.6 Eating 54.4 31.1 14.6	103
Other Locations 1. 2 **********************************	******
Total Number of Admissions 164 Continence	_ %
Percent Discharges To: Indwelling Or External Catheter 3.9 Receiving Respiratory Care	8. 7
Private Home/No Home Health 25.9 Occ/Freq. Incontinent of Bladder 60.2 Receiving Tracheostomy Care	0. 0
Private Home/With Home Health 32.5 Occ/Freq. Incontinent of Bowel 12.6 Receiving Suctioning	0. 0
Other Nursing Homes 1.8 Receiving Ostomy Care	1. 9
Acute Care Hospitals 7.2 Mobility Receiving Tube Feeding	1. 9
Psych. HospMR/DD Facilities 0.0 Physically Restrained 6.8 Receiving Mechanically Altered D	i ets 30. 1
Rehabilitation Hospitals 1.2	
Other Locations 4.2 Skin Care Other Resident Characteristics	00.0
Deaths 27.1 With Pressure Sores 5.8 Have Advance Directives	80. 6
Total Number of Discharges With Rashes 1.9 Medications	04.0
(Including Deaths) 166 Receiving Psychoactive Drugs	61. 2

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Government		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83. 7	87. 0	0. 96	82. 6	1. 01	84. 1	1.00	84. 5	0. 99
Current Residents from In-County	87. 4	75. 8	1. 15	79. 7	1. 10	76. 2	1. 15	77. 5	1. 13
Admissions from In-County, Still Residing	18. 9	28. 9	0. 65	22. 3	0.85	22. 2	0. 85	21. 5	0.88
Admi ssi ons/Average Daily Census	159. 2	81. 9	1. 94	126. 4	1. 26	112. 3	1. 42	124. 3	1. 28
Discharges/Average Daily Census	161. 2	83. 2	1. 94	127. 9	1. 26	112. 8	1. 43	126. 1	1. 28
Discharges To Private Residence/Average Daily Census	94. 2	32. 1	2.94	52. 7	1. 79	44. 1	2. 13	49. 9	1.89
Residents Receiving Skilled Care	94. 2	88. 8	1.06	89. 2	1.06	89. 6	1.05	83. 3	1. 13
Residents Aged 65 and Older	98. 1	89. 7	1.09	95. 1	1.03	94. 3	1.04	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	68. 0	69. 4	0. 98	70. 7	0. 96	70. 1	0. 97	69. 0	0. 99
Private Pay Funded Residents	21. 4	20. 1	1.06	19. 5	1. 10	21. 4	1.00	22. 6	0. 95
Developmentally Disabled Residents	1. 0	0.8	1. 28	0. 9	1. 11	0. 9	1.06	7. 6	0. 13
Mentally Ill Résidents	29. 1	47. 5	0.61	36. 3	0.80	39. 6	0. 74	33. 3	0.87
General Medical Service Residents	35. 0	15. 2	2. 30	19. 1	1.83	17. 0	2.06	18. 4	1. 90
Impaired ADL (Mean)	54 . 2	50. 7	1.07	48. 4	1. 12	48. 2	1. 12	49. 4	1. 10
Psychological Problems	61. 2	58. 0	1.05	49. 3	1. 24	50.8	1. 20	50. 1	1. 22
Nursing Care Required (Mean)	6. 3	6. 9	0. 91	6. 5	0. 96	6. 7	0. 94	7. 2	0.88